



11 Beacon Street, Suite 710  
Boston, MA 02108  
Phone: 617-723-6100  
Fax: 617-723-6111  
www.cobth.org

November 30, 2017

David Seltz  
Executive Director  
Health Policy Commission  
50 Milk Street, 8th Floor  
Boston, MA 02109

**Re: Proposed Updates - 2018 filing for Massachusetts Registration of Provider Organizations**

Dear Mr. Seltz:

On behalf of the Conference of Boston Teaching Hospitals, I offer comments on the proposed updates to the 2018 filing for Massachusetts Registration of Provider Organizations (RPO) published on October 23, 2017. We appreciate the willingness of the HPC staff to take into consideration the viewpoints of providers subject to reporting as part of the RPO and offer the following comments on the proposed changes.

**Facilities File**

The proposed change would require reporting entities to provide information on which payers, public and private, pay "facility fees". Facility fees are the contractually negotiated recognition that hospital based facilities are extensions of the hospital with full financial, clinical, and operational integration and warrant a payment structure that is distinct from a physician fee schedule. As contractually negotiated provisions, the public reporting of these agreements by payer is proprietary information.

As you are aware, facilities fees are the subject of pending legislation approved by the Senate and likely to be considered by the House in 2018. We recommend that any reporting on facility fees be held off until the issue is addressed by the legislature.

**Provider Roster**

For many reporting entities, the provider roster portion of the RPO filing is the most difficult and administratively burdensome of the entire filing. To expand this requirement to include nurse practitioners, physician assistants and certified nurse midwives as well as information about supervision and billing, would involve considerable work and, in our view, provide little value to the public or policy makers.

In addition, there is pending legislation related to nurse practitioners that would eliminate the requirement that at they be supervised by a physician, something that is being proposed to be reported RPO 99C-99E. We strongly recommend the HPC remove RPO-99A through RPO-99E from its proposed requirements.

Two of the guiding principles of the RPO program are "administrative simplification" and "balancing the importance of collecting data elements with the potential burden to Provider Organizations". As you are aware, organizations just recently completed their 2017 RPO filing, the second full filing

under the RPO regulations. Given that covered entities now have considerable experience complying with the regulation and the HPC with reviewing and using the data collected, we feel it may be a good time to examine the costs related to the program and how the data has been used. We would be interested in exploring this idea with you and your staff and how best we could achieve our common goals.

Thank you again for the opportunity to provide comments and I look forward to continuing to work with you and the HPC staff on the RPO program.

Sincerely,

A handwritten signature in black ink, appearing to read "John Erwin". The signature is fluid and cursive, with the first name "John" and last name "Erwin" clearly distinguishable.

John Erwin  
Executive Director